

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) PLOVIN-0002-A								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">In re Application of    Heil et al.</td> </tr> <tr> <td style="padding: 2px;">Application Number   09/757,688</td> <td style="padding: 2px;">Filed    January 11, 2001</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For    DROSPIRENONE FOR HORMONE REPLACEMENT THERAPY</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit 1615</td> <td style="padding: 2px;">Examiner L.S. CHANNAVAJJALA</td> </tr> </table>			In re Application of    Heil et al.		Application Number   09/757,688	Filed    January 11, 2001	For    DROSPIRENONE FOR HORMONE REPLACEMENT THERAPY		Group Art Unit 1615	Examiner L.S. CHANNAVAJJALA
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <p><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</p> <p><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</p> <p><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</p> <p><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</p> <p><input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____ .</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. via EFS.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u> .</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p style="margin-left: 80px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="margin-left: 80px;">Registration number if acting under 37 CFR 1.34(a). _____ .</p> </div> <div style="width: 25%; text-align: right;"> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p><u>\$2,160.00</u></p> </div> </div> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <p>May 21, 2007</p> <hr style="width: 80%; margin: 0 auto;"/> <p>Date</p> </div> <div style="width: 45%; text-align: center;"> <p>/John A. Sopp/</p> <hr style="width: 80%; margin: 0 auto;"/> <p>Signature</p> <p>John A. Sopp</p> <hr style="width: 80%; margin: 0 auto;"/> <p>Typed or printed name</p> </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of    forms are submitted.</p>										